

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	09/439,740
Filing Date::	11/15/99
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?:	None
Sequence submission?:	None
Computer Readable Form (CRF)?:	No
Title::	RECOMBINANT TRANSFERRINS, TRANSFERRIN HALF-MOLECULES AND MUTANTS THEREOF
Attorney Docket Number::	UVI-005CP2CNRCE
Request for Early Publication?:	No
Request for Non-Publication?:	No
Small Entity?:	No
Petition included?:	No
Secrecy Order in Parent Appl.?:	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Walter

Middle Name:: D.  
Family Name:: FUNK  
City of Residence:: Dallas  
State or Province of Residence:: TX  
Country of Residence:: US  
Street of mailing address:: 11991 Audelia Road, Apt. 2202  
City of mailing address:: Dallas  
State or Province of mailing address:: TX  
Postal or Zip Code of mailing address:: 75243

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: C.  
Family Name:: WOODWORTH  
City of Residence:: Shelburne  
State or Province of Residence:: VT  
Country of Residence:: US  
Street of mailing address:: 4 Logan Lane  
City of mailing address:: Shelburne  
State or Province of mailing address:: VT  
Postal or Zip Code of mailing address:: 05482

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Anne  
Middle Name:: B.  
Family Name:: MASON  
City of Residence:: Charlotte  
State or Province of Residence:: VT  
Country of Residence:: US  
Street of mailing address:: North Greenbush Road  
City of mailing address:: Charlotte  
State or Province of mailing address:: VT  
Postal or Zip Code of mailing address:: 05445

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Ross  
Middle Name:: T.A.  
Family Name:: MACGILLIVRAY  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: Apt. 807, 2233 Allison Road  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC

Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6T 1T7

### **Correspondence Information**

Correspondence Customer Number:: 00959

### **Representative Information**

Representative Customer Number:: 00959

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/175158	12/28/93
<del>08/175158</del>	<del>Continuation-in-part</del>	<del>07/832,029</del>	<del>02/06/92</del>
<del>07/832,029</del>	<del>Continuation-in-part</del>	<del>07/652,869</del>	<del>02/08/91</del>

### **Foreign Priority Information**

### **Assignee Information**

Assignee name:: The University of Vermont and State  
Agricultural College  
Street of mailing address:: 349 Waterman Building  
City of mailing address:: Burlington  
State or Province of mailing address:: VT  
Postal or Zip Code of mailing address:: 05405-0160

Assignee name::	The University of British Columbia
Street of mailing address::	103-6190 Agronomy Road
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6T 1Z4

**Signature:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature	/Debra J. Milasincic, Esq./	Date	April 23, 2012
Name (Print/Type)	Debra J. Milasincic, Esq.	Registration No. (Attorney/Agent)	46,931